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The importance of European health policy research

David J Hunter[1], Shelina Visram[2]

[1] Professor of Health Policy and Management
[2] Senior Lecturer in Public Policy and Health
Centre for Public Policy and Health, Durham University

As countries struggle to transform their health systems to cope with rising demand, ageing populations, and lifestyle-related illnesses that are largely avoidable, as well as seeking to contain costs and invest in cost-effective interventions, policy-makers are desperate for the right kind of evidence. It is not the *What* question that preoccupies them, since the main components of health system transformation are well-known and accepted, but the *How* question. This dominates the search for evidence of the enablers to change and barriers to be overcome leading to population health improvement [1].

It is therefore timely that WHO Europe should seek to strengthen the use of evidence and research for policy making through endorsement of an action plan by all 53 Member States at the recent Regional Committee in Copenhagen [2]. The goal is to consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral sources of evidence for health policy-making in line with the health-related Sustainable Development Goals and the Health 2020 policy framework [3]. One of the four agreed action areas is concerned with knowledge translation and increasing capacity in the research-to-policy journey.

Though directed at countries which for the most part lack robust research infrastructure and strategies, there are important implications for Western European countries like the UK with its much envied National Institute for Health Research. Merely stockpiling research that is little used or ignored is as much a problem in developed health systems where arguably policy still owes too much to political ideology or beliefs and lacks robust grounding in evidence [4]. Sometimes research lacks impact because academic researchers fail to ask the questions that are of most concern to policy-makers and practitioners or because the timelines are not aligned to the needs of policy-makers.

In the UK, especially England, we are witnessing such disconnects as a result of various policy initiatives rapidly being implemented in the absence of sound evidence to guide them. Examples include health checks [5], health trainers [6], and exercise referral schemes [7]. Devolution settlements in many parts of England, the new models of care emanating from the NHS 5 Year Forward View, and the Sustainability and Transformation Plans currently being consulted upon, urgently require independent and sound analysis [8]. While evaluation studies are being put in place both locally and nationally, their findings risk being too late to be of value in influencing the implementation and impact of these new ventures.

But even where evidence exists and has been presented to governments by their own agencies, they can choose to ignore it or simply select from it what they want to suit

their purposes. This is what happened in the case of the English childhood obesity action plan published after several delays in August 2016 where much of the evidence Public Health England provided to the government was ignored [9]. The Troubled Families programme is another example [10].

Part of the problem lies in what might be termed the hierarchy of evidence. Health policy research, especially that concerning public health, has been largely neglected in favour of biomedical research which is generally better funded and held in higher regard. While this type of research remains important, it is the reshaping of health systems, the way health policies are devised and implemented and the processes through which priorities are set that urgently require attention from researchers. Yet public health research capacity is often lacking and remains a low priority in many countries of the WHO European region [11]. At the same time, the research desired must be seen to add value and improve health by employing methods and approaches and asking questions that need addressing by the health system. These should not be driven by academics with different agendas and interests. Appropriate infrastructure and skills training are required in order to understand the needs of policy-makers and their timescales [12].

To assist in ensuring that the right research is carried out with the right people, the WHO action plan is committed to establishing a network of knowledge translation experts to support the use and uptake of evidence for policy-making. This will include strengthening the role of knowledge brokers whose role in bridging the gap between evidence gathering and its use can be vital [13].

The action plan will last for five years in the first instance with a mid-term review followed by any subsequent adjustment that may be required. How far it is likely to overcome the capacity and political challenges and begin to close the knowledge-practice gap in using evidence in a timely fashion in health systems is hard to say. The hope must be that it will succeed and help nurture solutions from which different systems can learn. With parts of the UK intent on withdrawing from the European Union, its membership of WHO, and the work of the European region in particular, assumes greater importance in enabling transnational networking and learning.

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